MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

December 11, 2007

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: JOHN A. LIVERATTI, CHIEF OF COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES

BACKGROUND AND EXPLANATIONS

Changes should be effective upon completion of the public hearing. Revisions are made to coincide with the current Managed Care Contract and to correct grammatical errors in the Chapter.

| MATERIAL TRANSMITTED<br>MTL 24/07<br>CHAPTER 3600 - MANAGED CARE PROGRAM | MATERIAL SUPERSEDED<br>MTL 37/03<br>CHAPTER 3600 – MANAGED CARE PROGRAM |
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| Sec. 3600<br>Added "Division of Welfare and Supportive Services (DWSS)."<br>Capitalized Health Maintenance Organization<br>Added "is" | Deleted "Nevada State Welfare Division (NSWD)"<br>Deleted "and voluntary in areas where only one MCO exists.<br>Deleted "will become"<br>Deleted "upon the system's full implementation in SFY 2004 |
| Sec. 3601<br>Added "Nevada State Department of Health and Human Services." | Deleted old name "Nevada State Department of Human Resources"<br>Deleted "er" |
| 3601 L. and O.<br>Corrected spelling of "forth" | |
| 3602.6<br>Capitalize "A" | Deleted "Means" |
| Sec. 3602.16<br>Added "up to age 21 years and eligible Nevada Check Up recipients up to the birth month of their 19th year; and | |

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| dentures, emergency extractions and palliative care for 21 years and older." | |
| Sec. 3602.17<br>Added "Except where expressly required by federal or state regulations, disenrollment may not occur mid-month. Under most circumstances, requests for enrollment are effective the first day of the month following receipt of the request, provided that the request is within policy/contract guidelines and is submitted before the administrative cut off date." | |
| Sec. 3602.23<br>Added "A healthcare provider that (a) has historically provided services to underserved populations and demonstrates a commitment to serve low-income, underserved populations who make up a significant portion of its patient population or, in the case of a sole community provider, serves underserved patients within its clinical capability; and (b) waives charges or charges for services on a modified sliding fee scale based on income and does not restrict access or services because of a client's financial limitations." | Deleted "A provider that: (1) accepts patients on a sliding scale fee determined on the income of the patient; (2) does not restrict access or services due to financial limitations of a patient; and, (3) can demonstrate to DHCFP that the restriction of patient base from this provider would cause access problems for either Medicaid or Nevada Check Up, or other low income patients." |
| Sec. 3602.27<br>Capitalized "A" | Deleted "Means" |
| Sec. 3602.31<br>Added "dental" | |
| Sec. 3602.37<br>Added (SOBRA) | |
| Sec. 3602.43<br>Capitalized "Covered" | Deleted "Means" |
| Sec. 3602.46 | Delete definition of Primary Care Dentist (PCD) |
| Sec. 3602.55<br>Added "is" | Deleted "means" |
| Sec. 3602.57<br>Capitalized "A"<br>Added "The request may be made by the enrollee, a provider, or some other entity or individual acting on behalf of the | "Deleted Means" |

enrollee. A SAR may be made either in writing or orally."

Sec. 3602.62
Added Targeted Case Management

Sec. 3602.63
Added definition of "Urban"

Changed "Utilization" definition to 3602.64

Section 3603.2
Added "urban"
Added "urban Washoe County"

Deleted "in which at least one contracted HMO is available.
Voluntary managed care enrollment occurs in Washoe County for Medicaid recipients."

Sec. 3603.4
c,d,f,h,i,j,k

Deleted "DHCFP will retroactively adjust the capitation payment to cover only that portion of the month that the beneficiary is enrolled."

Sec. 3603.4.e
Added "Title XXI Nevada Check Up "

Sec. 3603.4G

Deleted "/Nevada Check Up"

Sec. 3603.4.I
Added "through 64"

Deleted "to 65"

Sec. 3603.4.M
Added "2500"

Deleted "2900"
Deleted "In urban areas only,"

Sec. 3603.5.A.3

Deleted "or pay a rate equivalent to the FFS rate paid by DHCFP."

Sec. 3603.5.B
Added "limited to the amount that would have been paid if the service had been provided under the state's Fee-For-Service (FFS) Medicaid program,"
Added "a lower amount is"
Added "Pursuant to 1932 (b)(2)(D) of the Social Security Act, a non-contracting provider of emergency services must accept as payment in full no more than it would receive if the services were provided under the state's Fee-For-Service (FFS) Medicaid program. This rule applies whether the non-contracting provider is within the State or outside of the State in which the managed care entity has a contract."

Deleted "equivalent to that paid by DHCFP"
Deleted "otherwise"

Sec. 3603.5.D
Add language "This does not apply to out

of network providers of emergency services. See Section 3603.5.B."

Sec. 3603.5.E
Added "Out-of state providers of emergency services must accept as payment in full no more than it would receive if the services were provided under the State's Fee-For-Service (FFS) Medicaid program, pursuant to 1932 (b)(2)(D) of the Social Security Act."

Deleted "emergency or urgent"

Sec. 3603.5.F.4
Added (aka SOBRA payment)

Sec. 3603.7
Added "Urban"
Added "Urban Washoe County "

Deleted "Dental services are not part of the HMO benefit package in all geographic areas. However, enrollees in these geographic areas may seek covered medically necessary dental services from a FFS dental provider. The HMO must provide, at a minimum, a list of local Medicaid dental providers to recipients. If the need for dental services is identified as a result of an EPSDT oral examination, the HMO is required to provide a dental referral."
Deleted "The HMO is required to cover any diagnostic, preventive, or corrective procedures that include the treatment of the teeth and associated structures of the oral cavity for disease, injury or impairment which may affect the oral or general health of the individual."
Deleted "If at such future time dental services are provided in geographic areas beyond Clark County, the contracted HMO serving that area will cover any diagnostic, preventive, or corrective procedures that include the treatment of the teeth and associated structures of the oral cavity for disease, injury or impairment which may affect the oral or general health of the individual."

Sec. 3603.9
Added "2500"

Deleted "2900"

Sec. 3603.10
Added "DHCFP via its Title XIX State Plan Attachment 3.1.E covers corneal, kidney, liver and bone marrow transplants and associated fees for adults. For children up to age 21 any medically necessary transplant that is not

experimental will be covered. The health plan may claim transplant case reimbursement from DHCFP for in-patient medical expenses above the threshold of $100,000 in a one-year period (State Fiscal Year). 75% of the expenses above the $100,000 are reimbursed by the health plan."
Added "At the discretion of DHCFP administration, an enrollee may be assigned to another HMO at any time and DHCFP may reimburse the HMO for claims and waive stop loss. DHCFP may also assign an otherwise Fee For Service (FFS) child to the HMO for care management. The HMO will be expected to administer these fee-for-service payments with no added markup."

Sec. 3603.11
Added "TARGETED CASE MANAGEMENT"
Targeted Case Management is a covered Medicaid Service; however current regulations only allow for certain state agencies or organizations affiliated with the Nevada School of Medicine from providing these services. HMOs may only provide TCM by subcontracting through these organizations. For additional information, reference MSM Chapter 2500 Sec 2503.1A."

Sec. 3603.12
Added "The HMO must work within the Health Division to interface directly with the Immunization Registry"

Sec. 3603.14
Added "Division of Welfare and Supportive Services (DWSS)."

Deleted "(NSWD)"

Sec. 3603.14.a
Added "The eligibility of Medicaid applicants is determined by the Division of Welfare and Supportive Services (DWSS). DWSS notifies the state's fiscal agent who enrolls the applicant. Letters are sent to the new recipients requiring them to select an HMO or an HMO will be automatically assigned. The HMO will be notified of the pregnant woman's choice by the State's fiscal agent."

Deleted "The HMO must have written policies and procedures for enrolling pregnant women. Pregnant women will be required to choose an HMO at the time they submit their initial Medicaid eligibility application. The chosen HMO will be immediately notified of the pregnant women's choice by the State agency."

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| Sec. 3603.14.b<br>Added "File Transfer Protocol (FTP)" | Deleted "enrolling"<br>Deleted "Bulletin Board System (BBS) |
| Sec. 3603.14.b 1<br>Added "if the mother of the newborn was enrolled with the HMO as of the newborn's date of birth". | |
| Sec. 3603.14.b.3.a<br>Added "individual" | Delete " recipient" |
| Sec. 3603.14.b.4.a<br>Added "for the period of two months or less will be auto-assigned with the HMO once they are re-determined as eligible in the third month". | Deleted "will be automatically re-enrolled, in the absence of making a choice otherwise, with the HMO once they are re-determined as eligible within 12 months". |
| Sec. 3603.14.b.4.b | Deleted "If a recipient is disenrolled solely because he or she loses Medicaid or Nevada Check Up eligibility but is redetermined eligible within 90 days from the date of disenrollment, that recipient will be automatically enrolled." |
| Sec. 3603.14.b.5.c<br>Added "3603.4" | Delete "3604.3"<br>Deleted misspelling of "Manaul" |
| Sec. 3603.14.b.8<br>Added "business" days<br>Added "the Membership file"<br>Added "be responsible for keeping individual participating providers informed."<br>Added "update its membership file"<br>Added "version" | Deleted "calendar" days<br>Deleted "If the 5th day falls on a weekend or State holiday, the panel report must be provided by the following business day."<br>Deleted " these recipient rosters"<br>Deleted "supply the rosters to individual participating providers"<br>Deleted "send recipient rosters"<br>Deleted "roster" |
| Sec. 3603.16.B.7<br>Added "or mental" | |
| Sec. 3603.16.B.8<br>Added "Receiving Nevada early intervention services in accordance with an Individualized Family Service Plan (IFSP) provides a case manager who assists in developing a plan to transition the child to the next service delivery system. For most children this would be | Deleted "Receiving services from School Based Child Health Services in accordance with the Individual Education Plan (IEP), or receiving Early Intervention Services through the Health Division Special Children's Clinic or the Division of Child and Family Services Early Child Services Program in accordance |

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| the school district and services are provided for the child through an Individualized Education Program (IEP)." | with an Individual Family Service Plan (IFSP)." |
| Sec. 3603.17.A<br>Added "8th grade"<br>Added "business" | Deleted "6th grade" |
| Sec. 3603.17.A.5 | Deleted "or PCD" |
| Sec. 3603.17.A.18<br>Added "(A sample form is available online at http//www.dhcfp.nv.gov/advancedirectives.htm;" | |
| Sec. 3603.17.A.21<br>Added " the enrollee handbook must include a distinct section" | Deleted "A separate brochure" |
| Sec. 3603.17.A.25<br>Added "How to Report Fraud and Abuse" | |
| Sec. 3603.17.C | Deleted "Upon MMIS implementation, the HMO will no longer be required to provide this information to potential enrollees. The DHCFP will provide advanced notice to the HMO of the effective date of the implementation of this MMIS function, which is expected to be no later than the end of the first quarter of 2004." |
| Sec. 3603.18.A<br>Added "five business days" | Deleted "10 business days" |
| Sec. 3603.18.C<br>Added "Business" | |
| Sec. 3603.18.D.2<br>Added "15 business" | Deleted "fourteen (14) calendar" |
| Sec. 3603.18.d.4 | Deleted ",and provide reporting of changes to DHCFP electronically within ten (10) business days of change of PCP". |
| Sec.3603.21<br>Added "HMO's" | Deleted "Vendor's" |
| Sec.3603.22.E.2<br>Added "UB04 and the appropriate ADA Dental Claim"<br>Added "Reporting Guide of the current | Deleted ", or UB92"<br>Deleted "*Nevada Health Network Encounter Data Guide*" |

DHCFP Managed Care Contract"

Sec. 3603.23
Added "Reporting Guide of the current DHCFP Managed Care Contract".

Deleted "*Nevada Health Network Reporting Guide*"

Sec. 3603.23.A
Added "Reporting Guide of the current DHCFP Managed Care Contract."

Deleted "*Nevada Health Network Encounter Data Guide"*

Sec. 3603.23.C
Added "45" business days
Added "quarter"
Added "the total number of notices provided to recipients, the total number of recipient and appeals requests, and provider disputes filed, including reporting of all subcontractor's recipient grievances, notices, appeals and provider disputes. The reports must identify the recipient grievance or appeal issue or provider dispute received; and verify the resolution timeframe for recipient grievances and appeals and provider disputes."
Added "verify the resolution timeframe for recipient grievances and appeals and provider disputes".

Deleted "twenty (20)" business days
Deleted "month"
Deleted "and appeals, and provider dispute filed".
Deleted "provider disputes which fall within or greater than thirty (30) days".

Sec. 3603.23.D
Added "current"
Added "Should the HMO fail to provide such reports in a timely manner, DHCFP will require the HMO to submit a Plan of Correction (POC) to address contractual requirements regarding timely reporting submissions."

Sec. 3603.23.E
Added "Survey results must be disclosed to the State, and upon State's or enrollee's request, disclosed to enrollees."

Sec. 3603.23.F
Added "Reporting Guide of the current DHCFP Managed Care Contract".

Deleted "*Nevada Health Network Reporting Guide"*

Sec. 3603.23.G.3
Added "and subcontractors"

Sec. 3603.23.G.4
Added "and the rights of employees to be protected as whistleblowers must be

included in any employee handbook"

Sec. 3603.23.G.8
Added "Instructions and details of how to report Fraud and Abuse in the Member Handbook."

Sec. 3603.24.D
Added: "The HMO will be required to provide encounter data from all providers. It is the HMO's responsibility to require this data and enforce the requirement from their providers".

Sec. 3604.1.A.2
Added "Decision" Deleted "Action"
Added "NOD" Deleted "NOA"
Added "ten"

Sec. 3604.1.A.2 a through f
Added "enrollee's" Deleted "recipients"

Sec 3604.1.A.2.h
Added "or" Deleted "of"

Sec. 3604.1.A.3.1
Added "including assisting the enrollee and/or the enrollee's representative to arrange for non-emergency transportation services to attend and be available to present evidence at the appeal hearing."

Sec. 3604.1.A.3.3 Deleted "hearing"
Added "State Fair Hearing Officer's"

Sec. 3604.1.A.4
Added "State" Fair Hearing "Process" Deleted "hearing"
Added "final" and "decision"

Sec. 3604.1.A.5
Added "decision" Deleted "action"

Sec. 3604.1.A.5.b
Added "decision" Deleted "action"

Sec. 3605.1
Updated Titles of MSM Chapters